

**DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS  
INSURANCE DIVISION  
335 MERCHANT ST., RM. 213  
HONOLULU, HI 96813**

**STATEMENT OF QUALIFICATIONS AND EXPRESSION OF INTEREST  
FISCAL YEAR COMMENCING JULY 1, 2009**

Please answer all questions. Omission of an item may preclude you from being considered. Use continuation sheets if necessary.

**1. GENERAL INFORMATION**

LAST NAME	FIRST	MIDDLE	OTHER NAMES USED
BUSINESS ADDRESS			TELEPHONE (     )
CITY	STATE	ZIP CODE	FACSIMILE NO. (     )

**2. LAW FIRM AFFILIATION(S) (for the past five years)**

NAME AND LOCATION (CITY, STATE) OF LAW FIRM	FROM	TO PRESENT

**3. LEGAL EDUCATION**

NAME OF LAW SCHOOL	LOCATION (CITY, STATE)	DEGREE RECEIVED

**4. JURISDICTIONS ADMITTED TO PRACTICE (*Active Only*)**

JURISDICTION	DATE ADMITTED

**5. RANGE OF HOURLY RATES**

A. Applicant's \_\_\_\_\_ to \_\_\_\_\_

B. Firm's (if applicable)

    i. Partners \_\_\_\_\_ to \_\_\_\_\_

    ii. Associates \_\_\_\_\_ to \_\_\_\_\_

iii. Paralegals \_\_\_\_\_ to \_\_\_\_\_

6. TYPES AND AMOUNTS OF COST CHARGED: ("Reasonable Costs" is an insufficient response. Please enumerate; attach additional sheets if necessary.)

TYPES	AMOUNTS

7. UP TO TWO (2) AREAS OF PRACTICE IN WHICH YOU CONSIDER YOURSELF PROFICIENT AND FOR WHICH YOU WISH TO BE CONSIDERED:

1. \_\_\_\_\_

2. \_\_\_\_\_

On separate sheets of paper, for each area of practice listed in this question:

- Estimate the total number of cases or matters handled.
- Describe a representative sample of work performed. For each representative case or matter describe, indicate the client for whom work was performed, when work was performed, the court in which appearances, if any, were made, and citations to reported cases, as appropriate.

8. Provide a list of previous contracts with the State, including the dates of the contracts, within the last 10 years.

9. DIRECT OR INDIRECT CONFLICTS OF INTEREST.

Are you currently representing, or have you in the past 10 years represented, a party whose interest is adverse to the State of Hawaii?

No ☐

Yes\* ☐

(\*If the answer is yes, on a separate sheet of paper, please identify the adverse matters and the nature of your involvement.)

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**CERTIFICATION BY APPLICANT**

I hereby certify that all statements in this application, including attachments, are true and correct to the best of my knowledge as of the date of this application.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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Deliver or send your completed Statement to Insurance Commissioner, 335 Merchant St., Rm. 213, Honolulu, Hawaii 96813. Refer to the Notice to Attorneys for the deadline dates.